



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

August 31, 2006

FILE COPY

David Parke, Administrator  
Northfork #146  
PO Box 532  
St Anthony, ID 83445

Dear Mr. Parke:

On August 22, 2006, a state licensure survey was conducted at Northfork #146. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure



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August 31, 2006

David Parke, Administrator  
Northfork #146  
PO Box 532  
St Anthony, ID 83445

Dear Mr. Parke:

On August 22, 2006, a state licensure survey was conducted at your residential care or assisted living facility. In an effort to improve our services, the Bureau of Facility Standards has initiated a way for providers to give feedback on their survey experience.

Enclosed is a customer comment card. The card is addressed to our office and has had postage pre-paid. Please take a moment to fill out the card and return it to us. We value your input.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", written over a horizontal line.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/22/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHFORK #146</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>146 E 9TH SOUTH SAINT ANTHONY, ID 83445</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p><b>Initial Comments</b></p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No deficiencies were cited during the abbreviated survey conducted on 8/22/06. The surveyors conducting the abbreviated survey were:</p> <p>Karen McDannel, R.N. Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, R.N., B.S.N. Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

SC6X11

If continuation sheet 1 of 1